4. Samples of the drugs used in the operation have been taken;
5. Remaining stock of the drugs have been sealed;
6. Surprise checking of the factories supplying the drugs located at Ahmedabad and Vadodara have been carried out; and
7. All District Blindness Control Societies (DBCS) have been instructed to follow strict aseptic precautions to prevent future occurrences of such mishaps.

Misleading claims regarding Dabur Chavanprash

2908. SHRI MUNAVVAR HASAN:
MISS MABEL REBELLO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Chavanprash sold by Dabur is making misleading claims;

(b) whether it is a fact that Chavanprash contains other than label claims; and

(c) whether Government propose to check the prices of such products?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Manufacturers of Chavanprash (including Dabur) generally make therapeutic claims which are drawn from the features mentioned in respect of such items in the classical books of Ayurveda.

(b) Dabur Chavanprash is a Patent Proprietary Ayurvedic Medicine. The manufacturer has informed that Chavanprash contains the ingredients mentioned on the label.

(c) Ayurvedic medicines are not under price control.

National Ayurvedic Hospital at Sarita Vihar, Delhi

2909. SHRIK.M.SAIFULLAH:
SHRI PARMESHWAR KUMAR AGARWALLA:
SHRI NANA DESHMUKH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a proposal under Government's consideration to^et up a state-of-art National Ayurvedic Hospital at Sarita Vihar, Delhi;

(b) if so, the details thereof, indicating the specialized Ayurvedic treatment likely to be made available at the proposed Ayurvedic Hospital; and

(c) by when the Ayurvedic Hospital at Sarita Vihar is likely to be made functional?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b)There is a proposal to set up an Ayurvedic Hospital at Delhi, where Ayurvedic specialised treatments like Panchkarma, Rasayana (Rejuvination) therapy, Kshar-sutra therapy and Ayurvedic treatment for Chronic and lifestyle related problems can be offered.

(c) No time frame has been worked out so far as the project is still at the planning stage.

India's position in T.B.

2910. SHRI NANA DESHMUKH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per World Health Organisation officials, India figures in the list of 22 hardest-hit countries, where TB is required to be brought under control;

(b) if so, the details thereof; and

(c) the steps being taken to control it?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a)Yes, Sir.

(b) A copy of the list from Global Tuberculosis Control: WHO Report 2001 is enclosed as statement *{See* below).

(c) With the objective of curing at least 8.5% of new sputum positive patients and detecting at least 70% of such patients, a Revised National TB Control Programme (RNTCP) based on WHO recommended DOTS Strategy with assistance from the World Bank, DFID and DANIDA is at present in operation in the country. The Programme is showing good results. For every 10 patients treated, 8 have been cured as compared to about 4 out of 10 in conventional programme. Half of the patients have laboratory confirmation of the disease compared with the less than 1 in 4 in the previous programme. RNTCP reduced death rate to less 5% as compared to about 20% in NTCP. Till date more than 5 lakh patients have been initiated on treatment thereby preventing more than 1 lakh deaths. By curing patients and hence stopping Tuberculosos at source, the RNTCP till date has prevented more than 10 lakh tuberculosis infections.